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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/508,771

03/16/2000

JINKO KIMURA

ASAMU0005

8406

24203 7590 05/13/2009
GRIFFIN & SZIPL, PC
SUITE PH-1
2300 NINTH STREET, SOUTH
ARLINGTON, VA 22204

EXAMINER

WALKE, AMANDA C

ART UNIT

PAPER NUMBER

1795

MAIL DATE

DELIVERY MODE

05/13/2009

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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Board of Patent Appeals and Interferences

GRIFFIN & SZIPL, PC
SUITE PH-1
2300 NINTH STREET, SOUTH
ARLINGTON, VA 22204

Appeal No: 2009-3250
Appellant: JINKO KIMURA, CHIKARA ISHIKAWA, YOUJI
Application No: TANAKA, SHIN JI TAKANO, YOSHITAKA
Hearing Room: MINAMI et al.
Hearing Docket: 09/508,771
Hearing Date: A
Hearing Time: A
Location: Wednesday, June 10, 2009
01:00 PM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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